

Many people look to Canada as a model for health care policy. While there are many things to admire in Canada, the New York Times recently reported on a number of concerns many Canadians have with their health care system. Read below:

New York Times

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Canada's Private Clinics Surge as Public System Falters

By CLIFFORD KRAUSS

VANCOUVER, British Columbia, Feb. 23 - The Cambie Surgery Center, Canada's most prominent private hospital, may be considered a rogue enterprise.

Accepting money from patients for operations they would otherwise receive free of charge in a public hospital is technically prohibited in this country, even in cases where patients would wait months or even years before receiving treatment.

But no one is about to arrest Dr. Brian Day, who is president and medical director of the center, or any of the 120 doctors who work there. Public hospitals are sending him growing numbers of patients they are too busy to treat, and his center is advertising that patients do not have to wait to replace their aching knees.

The country's publicly financed health insurance system - frequently described as the third rail of its political system and a core value of its national identity - is gradually breaking down. Private clinics are opening around the country by an estimated one a week, and private insurance companies are about to find a gold mine.

Dr. Day, for instance, is planning to open more private hospitals, first in Toronto and Ottawa, then in Montreal, Calgary and Edmonton. Ontario provincial officials are already threatening stiff fines. Dr. Day says he is eager to see them in court.

"We've taken the position that the law is illegal," Dr. Day, 59, says. "This is a country in which dogs can get a hip replacement in under a week and in which humans can wait two to three years."

Dr. Day may be a rebel (he keeps a photograph of himself with Fidel Castro behind his desk), but he appears to be on top of a new wave in Canada's health care future. He is poised to become the president of the Canadian Medical Association next year, and his profitable Vancouver hospital is serving as a model for medical entrepreneurs in several provinces.

Canada remains the only industrialized country that outlaws privately financed purchases of core medical services. Prime Minister Stephen Harper and other politicians remain reluctant to openly propose sweeping changes even though costs for the national and provincial governments are exploding and some cancer patients are waiting months for diagnostic tests and treatment.

But a Supreme Court ruling last June - it found that a Quebec provincial ban on private health insurance was unconstitutional when patients were suffering and even dying on waiting lists - appears to have become a turning point for the entire country.

"The prohibition on obtaining private health insurance is not constitutional where the public system fails to deliver reasonable services," the court ruled.

In response, the Quebec premier, Jean Charest, proposed this month to allow private hospitals

to subcontract hip, knee and cataract surgery to private clinics when patients are unable to be treated quickly enough under the public system. The premiers of British Columbia and Alberta have suggested they will go much further to encourage private health services and insurance in legislation they plan to propose in the next few months.

Private doctors across the country are not waiting for changes in the law, figuring provincial governments will not try to stop them only to face more test cases in the Supreme Court.

One Vancouver-based company started a large for-profit family medical clinic specializing in screening and preventive medicine here last November. It is planning to set up three similar clinics - in Toronto, Ottawa and London, Ontario - next summer and nine more in several other cities by the end of 2007. Private diagnostic clinics offering MRI procedures are opening around the country.

Canadian leaders continue to reject the largely market-driven American system, with its powerful private insurance companies and 40 million people left uninsured, as they look to European mixed public-private health insurance and delivery systems.

"Why are we so afraid to look at mixed health care delivery models when other states in Europe and around the world have used them to produce better results for patients at a lower cost to taxpayers?" the premier of British Columbia, Gordon Campbell, asked in a speech two weeks ago.

While proponents of private clinics say they will shorten waiting lists and quicken service at public institutions, critics warn that they will drain the public system of doctors and nurses. Canada has a national doctor shortage already, with 1.4 million people in the province of Ontario alone without the services of a family doctor.

"If anesthetists go to work in a private clinic," Manitoba's health minister, Tim Sale, argued recently, "the work that they were doing in the public sector is spread among fewer and fewer people."

But most Canadians agree that current wait times are not acceptable.

The median wait time between a referral by a family doctor and an appointment with a specialist has increased to 8.3 weeks last year from 3.7 weeks in 1993, according to a recent study by The Fraser Institute, a conservative research group. Meanwhile the median wait between an appointment with a specialist and treatment has increased to 9.4 weeks from 5.6 weeks over the same period.

Average wait times between referral by a family doctor and treatment range from 5.5 weeks for oncology to 40 weeks for orthopedic surgery, according to the study.

Last December, provincial health ministers unveiled new targets for cutting wait times, including four weeks for radiation therapy for cancer patients beginning when doctors consider them ready for treatment and 26 weeks for hip replacements.

But few experts think that will stop the trend toward privatization.

Dr. Day's hospital here opened in 1996 with 30 doctors and three operating rooms, treating mostly police officers, members of the military and worker's compensation clients, who are still allowed to seek treatment outside the public insurance system. It took several years to turn a profit.

Today the center is twice its original size and has yearly revenue of more than \$8 million, mostly from perfectly legal procedures.

Over the last 18 months, the hospital has been under contract by overburdened local hospitals to perform knee, spine and gynecological operations on more than 1,000 patients.